

	CLAIMS REMAINING					HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL	8	-	18	=	0		\$ 25.00	\$0.00	
INDEPENDENT	1	-	5	=	0		\$100.00	\$0.00	
<input type="checkbox"/> FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM								\$180.00	\$0.00
								TOTAL	\$0.00

- ☒ Petition for One (1) month(s) extension of time pursuant to 37 C.F.R. §§ 1.17 and 1.136(a). \$60.00 for the extension of time.
- ☐ No fee is required.
- ☒ A check in the amount of \$60.00 is enclosed.
- ☐ Please charge Deposit Account No. 01-1960 in the amount of \$0.00. This form is submitted in triplicate.

If necessary, the Commissioner is hereby authorized to charge payment or credit any overpayment to Deposit Account No. 01-1960 for any additional fees required in connection with this filing.

Attachment(s): Response to Restriction Requirement 3 pp.

## Petition for One-Month Extension of Time

Return Receipt Postcard

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: MS Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 27, 2006

By: Sarah A. Nielsen

Danah Nielsen  
Signature

Respectfully submitted,

*Vicki*

Vic Y. Lin (Date)

Registration No. 43,754

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